

## Practical hints and tips...

DO ✓

- change your position frequently, while in bed or sitting in a chair, avoid being in one position for long periods of time
- take good care of your skin, keep it clean and free from too much moisture
- try to eat a healthy balanced diet
- use the equipment as advised by your nurse
- inspect your skin for red marks and report these to the nurse.

DON'T X

- sit on rubber ring cushions (may cause more damage)
- massage or rub pressure areas
- drag yourself over damp or creased bed clothes
- use a sheepskin to help relieve pressure—this is merely a comfort measure
- allow incontinence sheets to crease up under you—avoid their use if you can
- don't try to manage a pressure ulcer yourself—seek help from your nurse or tissue viability nurse specialist.

For review April 2024

This leaflet has been adapted for the use of Ashgate Hospice.

Further information can be found at:

- Pressure ulcers – prevention and treatment
- [www.nice.org.uk/nicemedia/pdf/CG029publicinfo.pdf](http://www.nice.org.uk/nicemedia/pdf/CG029publicinfo.pdf)

# Pressure Ulcer Prevention

## Information for patients

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# The purpose of this leaflet is to provide you and your carer with information on pressure ulcers, how they develop and the steps you can take to prevent them.

Occasionally there may be good reasons why your treatment is different to that in this leaflet and you should discuss this with your nurse.

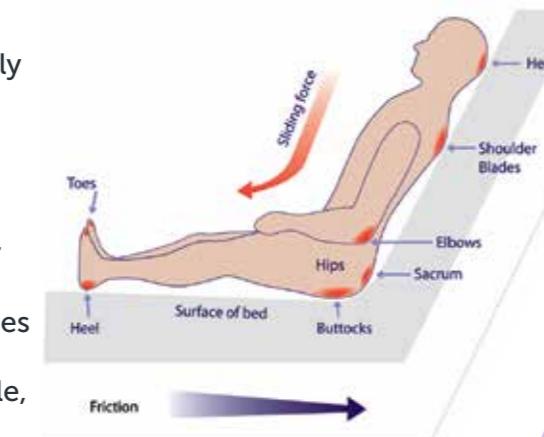
## What is a pressure ulcer?

A pressure ulcer is damage that occurs on the skin and underlying tissues due to the lack of blood and oxygen supply. This may happen due to:

**Friction** – this is frequent movement over a surface which can contribute to skin damage.

The first sign that a pressure ulcer may be forming is usually discoloured skin. This may get progressively worse and eventually lead to an open wound.

The most common places for pressure ulcers to occur are over bony prominences, (bones close to the skin) like the bottom, heel, hip, elbow, ankle, shoulder, back and the back of the head.



**Pressure** – the weight of the body pressing down on the skin. Any object or device for example catheter tubing pressing on the skin.

**Shear** – this can occur if the patient slides down in the bed or chair. The skin becomes stretched and tears.

## Who is at risk of getting pressure ulcers?

Anyone can get a pressure ulcer but you are at greater risk of developing pressure ulcers if you:

- have problems moving and cannot change your position without help
- have problems with sensitivity to pain or discomfort. Some conditions such as diabetes or stroke may reduce your sensitivity to pain or discomfort so that you are not aware of the need to change your position
- are incontinent in anyway
- are in a wheelchair
- are over or underweight
- are seriously ill.
- have poor circulation;
- currently have a pressure ulcer
- have had pressure ulcers in the past
- have a poor diet and don't drink enough water
- have damage to the spinal cord
- have to wear a splint or body brace
- have to use a medical device such as a urinary catheter, oxygen mask/tubing or wear anti embolism/compression stockings.

To assess your individual risk of developing pressure ulcers, the nursing team looking after you will examine your skin and ask you some questions. This will help identify the type of specialised mattress / cushion you need during your stay and will assist in planning your care.

## What are the early warning signs of a pressure ulcer?

- red patches on fair skin
- purple/bluish patches on dark skin
- swelling and blisters
- hard or swollen areas which may be painful.

Without appropriate intervention the damage may worsen, developing hard black tissue or as an open wound

## Important points to prevent or heal pressure ulcers:

**Skin** – your skin should be assessed regularly to check for warning signs of pressure ulcer development.

The nursing team will advise you and your carer on how pressure is best reduced or relieved on areas of skin that are vulnerable to pressure ulcers.

This advice will include:

- correct sitting and lying positions
- how to adjust your sitting and lying position
- how often you need to move or be moved in the bed or the chair
- supporting your feet
- keeping good posture
- which equipment you should use and how to use it.

**Surfaces** – you may need specialist equipment. The nursing team will assess you and decide which mattress/ cushion is most suitable for your needs.

**Keep moving** – this results in reducing and relieving pressure on bony parts of the body. It is very important that you move around and change position as much as possible. If you already have a pressure ulcer, lying or sitting on the ulcer should be avoided as this will make the ulcer worse.

**Incontinence** – damp skin may be damaged more easily by pressure for example urine, faeces, sweat or a weeping wound. Keep the skin clean and dry. Apply a barrier cream if required. Regularly moisturise dry skin and especially your heels.

**Nutrition** – eat a good diet, plenty of fresh fruit, vegetables and protein-rich foods (e.g. meat, fish, eggs, cheese, and dairy products). Drink adequate fluids to keep your skin soft and supple.